## 1998 S Corporation Depreciation and Amortization

**B** (100S)

| 1 Enter federal depreciation from federal Form 4562, line 21   | For use by S corporations only  | . Attach to Form         | 100S.               |  |                              |           |   |            |                 |        |                              |               |
|--|---|--------------------------|---------------------|--|------------------------------|-----------|---|------------|-----------------|--------|------------------------------|---------------|
| 1 Enter federal depreciation from lederal Form 4562, line 21  California depreciation  Description of property  Descripti   | Corporation name as shown on Form 1   | 00S                      |                     |  |                              |           |   | Califor    | nia corp        | oratio | n number                     |               |
| 1 Enter federal depreciation from lederal Form 4562, line 21  California depreciation  Description of property  Descripti   |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 2 California depreciation: (b) Description af property (c) Date acquired (d) Date acquired (d) Description and property (d) Description and property (e) Date acquired (d) Description and property (e) Date acquired (d) Description and property (e) Date acquired (d) Description (e) Date acquired (e) Date acquired (f) Date acquired (f) Date acquired (f) Date acquired (f) Description (f) Date acquired (f) Description (f) Date acquired (f) Date    | Part I Depreciation. Use addition   | nal sheet(s) if necess   | sary.               |  |                              |           |   |            |                 |        |                              |               |
| Description of property   Description of p     | 1 Enter federal depreciation from fe  | ederal Form 4562, lin    | ie 21               |  |                              |           |   |            |                 | 1      |                              |               |
| 3 Add the amounts on line 2, column (g)  4 Subtract line 3 from line 1. Enter here and on Form 100S, Side 1, line 5 and on the applicable line of Schedule K.  5a Enter the IRC 179 expense for federal purposes. Enter here and on Form 100S, Side 1, line 13. Do not enter more than \$16,000  5b Enter the IRC Section 179 expense for federal purposes. Do not enter more than \$18,500  5c Subtract line 5 from line 5a. Enter here and on Schedule K, line 8, column (c)  5c Subtract line 5 from line 5a. Enter here and on Schedule K, line 8, column (c)  5c United the IRC 179 expense for federal purposes. Do not enter more than \$18,500  5c Subtract line 5 from line 5a. Enter here and on Schedule K, line 8, column (c)  1   | 2 California depreciation:  |                          |                     |  |                              |           |   |            | •               |        |                              | •             |
| 4 Subtract line 3 from line 1. Enter here and on Form 100S, Side 1, line 5 and on the applicable line of Schedule K  | (a) Description of property   |                          |                     |  | s i allowed or all           |           | allowable   | of fig     | jur-   · · · o  |        | (g) Depreci                  | ation<br>year |
| 4 Subtract line 3 from line 1. Enter here and on Form 100S, Side 1, line 5 and on the applicable line of Schedule K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 Subtract line 3 from line 1. Enter here and on Form 100S, Side 1, line 5 and on the applicable line of Schedule K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 Subtract line 3 from line 1. Enter here and on Form 100S, Side 1, line 5 and on the applicable line of Schedule K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 Subtract line 3 from line 1. Enter here and on Form 100S, Side 1, line 5 and on the applicable line of Schedule K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 Subtract line 3 from line 1. Enter here and on Form 100S, Side 1, line 5 and on the applicable line of Schedule K  | 3 Add the amounts on line 2, colur  | nn (a)                   |                     |  |                              |           |   |            |                 | 3      |                              |               |
| 5a Enter the IRC 179 expense for California purposes. Enter here and on Form 100S, Side 1, line 13. Do not enter more than \$16,000  5b Enter the IRC Section 179 expense for federal purposes. Do not enter more than \$18,500  5c Subtract line 5b from line 5a. Enter here and on Schedule K, line 8, column (c)  5c Part II Amortization. Use additional sheet(s) if necessary.  1 Enter federal amortization from federal Form 4562, line 42  2 California amortization:  (a) Description of property  (b) Date ocquired  (c) Cost or other basis  (d) Amortization  (d) Amortization  (d) Amortization  (e) Cost or other basis  (d) Amortization  (d) Amortization  (e) Cost or other basis  (d) Amortization  (e) REXTC  section  (f) Period or percentinge  (g) Amortization  (g) Period or percentinge  (g) Amortization  (g) Amortization  (g) Period or percentinge  (g) Amortization  (g) Amortization  (g) Amortization  (g) Amortization  (g) Period or percentinge  (g) Amortization  (g) Amortization  (g) Period or percentinge  (g) Continuent  (g) Contin |   | .0.                      |                     |  |                              |           |   |            |                 |        |                              |               |
| 5b Enter the IRC Section 179 expense for federal purposes. Do not enter more than \$18,500   |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| So Subtract line 5b from line 5a. Enter here and on Schedule K, line 8, column (c)   | ·   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| Part II Amortization. Use additional sheet(s) if necessary.  1 Enter federal amortization from federal Form 4562, line 42  | •   |                          |                     |  |                              |           |   |            |                 | -      |                              |               |
| 1 Enter federal amortization from federal Form 4562, line 42   |   |                          |                     | •  |                              |           |   |            |                 |        | •                            | <u>'</u>      |
| (c) Cost or other basis  (d) Amortization allowed or allowable in earlier years  3 Add the amounts on line 2, column (g)  4 CA amortization adj. Subtract line 3 from line 1. Enter here, on Form 100S, Side 1, line 5 and on the applicable line of Sch. K.  1 NCOME YEAR  CALIFORNIA SCHEDULE  1998 S Corporation Tax Credits  C (100S)  See instructions for Form 100S, General Information Z, AA and BB. Be sure to complete and attach all supporting credit forms.  Regular tax from Form 100S, Side 1, line 22  Minimum franchise tax and/or OSSS annual tax, if applicable 3 Subtract line 2 from line 1. If zero or less, enter -0-  4 Code: Credit Name: 5 Code: Credit Name: 6 Code: Credit Name: 7 Code: Credit Name: 9 Enter the credit amounts on Form 100S, Side 1, line 23, line 24 and line 25. If more than 3 credits, enter the total   |   |                          |                     |  |                              |           |   |            |                 | 1      |                              |               |
| acquired other basis allowed or allowable in earlier years section percentage for this year in earlier years section in e   | 2 California amortization:  |                          |                     |  |                              |           |   |            |                 |        | •                            | •             |
| 3 Add the amounts on line 2, column (g) 4 CA amortization adj. Subtract line 3 from line 1. Enter here, on Form 100S, Side 1, line 5 and on the applicable line of Sch. K 4  INCOME YEAR  CALIFORNIA SCHEDULE  1998 S Corporation Tax Credits  C (100S)  See instructions for Form 100S, General Information Z, AA and BB. Be sure to complete and attach all supporting credit forms.  Regular tax from Form 100S, Side 1, line 22  Minimum franchise tax and/or QSSS annual tax, if applicable   | (a) Description of property (b) Date  |                          |                     |  | allowed or allowable section |           |   |            |                 |        |                              |               |
| 4 CA amortization adj. Subtract line 3 from line 1. Enter here, on Form 100S, Side 1, line 5 and on the applicable line of Sch. K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 CA amortization adj. Subtract line 3 from line 1. Enter here, on Form 100S, Side 1, line 5 and on the applicable line of Sch. K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 CA amortization adj. Subtract line 3 from line 1. Enter here, on Form 100S, Side 1, line 5 and on the applicable line of Sch. K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 CA amortization adj. Subtract line 3 from line 1. Enter here, on Form 100S, Side 1, line 5 and on the applicable line of Sch. K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 CA amortization adj. Subtract line 3 from line 1. Enter here, on Form 100S, Side 1, line 5 and on the applicable line of Sch. K  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 CA amortization adj. Subtract line 3 from line 1. Enter here, on Form 100S, Side 1, line 5 and on the applicable line of Sch. K  | 3 Add the amounts on line 2 colur   | nn (a)                   |                     |  |                              |           |   |            |                 | 3      |                              |               |
| The structions for Form 100S, General Information Z, AA and BB.  Be sure to complete and attach all supporting credit forms.  Regular tax from Form 100S, Side 1, line 22  |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| See instructions for Form 100S, General Information Z, AA and BB. Be sure to complete and attach all supporting credit forms.  1 Regular tax from Form 100S, Side 1, line 22   |   | 7 HOIN IIIIO 1. EIROI IR | 510, 011 1 01111 11 | ooo, oldo 1, iiilo                           | o una on                     | по аррпос | 1010 11110 0  | 1 0011. 10 |                 |        | LIFORNIA                     | 0011501115    |
| See instructions for Form 100S, General Information Z, AA and BB.  Be sure to complete and attach all supporting credit forms.  1 Regular tax from Form 100S, Side 1, line 22  | INCOME YEAR   |                          |                     |  |                              |           |   |            |                 | CAL    | LIFORNIA                     | SCHEDULE      |
| Be sure to complete and attach all supporting credit forms.  1 Regular tax from Form 100S, Side 1, line 22   | 1998 S Corpo  | ration Tax               | Credit              | S  |                              |           |   |            |                 |        | C (10                        | )OS)          |
| Minimum franchise tax and/or QSSS annual tax, if applicable  | See instructions for Form 100S, General Information Z, AA and BB. Be sure to complete and attach all supporting credit forms. |                          |                     | limited to 1/3                               |                              |           | (c) Credit used this year (not more than (a) + (b)) |            | (d) Tax balance |        | (e) Credit carryover to 1999 |               |
| Minimum franchise tax and/or QSSS annual tax, if applicable  | 1 Regular tax from Form 100S, Side  | e 1, line 22             |                     |  |                              |           |   |            |                 |        |                              |               |
| 4 Code: Credit Name:   | 2 Minimum franchise tax and/or QSSS annual tax, if applicable   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 5 Code: Credit Name:   |   |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 6 Code: Credit Name:   | 4 Code: Credit Name:  |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 7 Code: Credit Name:   | 5 Code: Credit Name:  |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 8 Code: Credit Name: 9 Enter the credit amounts on Form 100S, Side 1, line 23, line 24 and line 25. If more than 3 credits, enter the total  | 6 Code: Credit Name:  |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| 9 Enter the credit amounts on Form 100S, Side 1, line 23, line 24 and line 25. If more than 3 credits, enter the total   | 7 Code: Credit Name: _  |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| line 24 and line 25. If more than 3 credits, enter the total   | 8 Code: Credit Name: .  |                          |                     |  |                              |           |   |            |                 |        |                              |               |
| line 24 and line 25. If more than 3 credits, enter the total   | 9 Enter the credit amounts on Forn  | n 100S, Side 1, line     | 23,                 |  |                              |           | /////   |            |                 | ////   |                              | ///////       |
| 1////////////////////////////////////  |   |                          |                     |  | /X////                       |           |   |            |                 |        |                              |               |
|  |   |                          |                     | <i>\////////////////////////////////////</i> |                              |           | //////  |            |                 |        | //}///                       |               |

INCOME YEAR

1998

## S Corporation Capital Gains and Losses and Built-In Gains

CALIFORNIA SCHEDULE

D (100S)

| COIL     | oration frame as shown on Form 1005   |                                   |                                  |                           | California Corpora                      | ation           | number                            |  |
|----------|---|-----------------------------------|----------------------------------|---------------------------|---|-----------------|-----------------------------------|--|
| SE       | CTION A - 8.84% Tax on Certain Capital Ga   | nins and Built-In Gai             | ns                               |                           |   |                 |                                   |  |
| Par      |   |                                   |                                  | additional sheet(s) if ne | ecessary.                               |                 |                                   |  |
| 1        | (a) Description of property<br>(Example: 100 shares 7% preferred of "Z" Co.)                                    | (b) Date acquired (mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) | (d) Gross sales price     | (e) Cost or other ba<br>plus expense of |                 | (f) Gain (loss)<br>((d) less (e)) |  |
| _        | CL LL LL LL C C ETD 2025E L   |                                   | ( )   5 0004                     |                           | 1                                       |                 |                                   |  |
| 2        | Short-term capital gain from form FTB 3805E, I  |                                   |                                  |                           |   | 2<br>3a         |                                   |  |
|          | Net short-term capital gain (loss). Combine line 1 and line 2 and enter here and on Form 100S, Side 1, line 4   |                                   |                                  |                           |   |                 |                                   |  |
|          | Subtract line 3b from line 3a. Enter this amount  |                                   |                                  |                           |   | 3b<br>3c        |                                   |  |
|          | <b>t II</b> Long-Term Capital Gains and Losses —  |                                   |                                  |                           |   | <b>J</b> C      |                                   |  |
| 4        | Em Long-Term oupital Gains and Losses   | ASSETS TICIO MOTO                 | Than One Tear. 03                | duditional sheet(s) in    | Ticcessary.                             |                 |                                   |  |
| 5        | Long-term capital gain from form FTB 3805E, li  | ne 26 or line 37 and              | federal Form 8824.               | See instructions          |   | 5               |                                   |  |
| 6a       |   |                                   |                                  |                           |   | 6a              |                                   |  |
| 6b       |   |                                   |                                  |                           |   |                 |                                   |  |
| 6c       | Subtract line 6b from line 6a. Enter this amount  |                                   |                                  |                           |   | 6c              |                                   |  |
| Pa       | t III Tax on Certain Capital Gains. See instru  | ictions before comple             | ting this part.                  |                           |   |                 |                                   |  |
| 7        | Enter IRC Section 1231 gain from Schedule D-  |                                   |                                  |                           |   | 7               |                                   |  |
| 8        | Net long-term capital gain (loss). Combine line   |                                   |                                  |                           |   | 8               |                                   |  |
|          | <b>Note:</b> If the corporation is liable for the excess  | •                                 | ax (Form 100S, Side              | e 1, line 29) or the bu   | ilt-in                                  |                 |                                   |  |
| _        | gains tax (Part IV below), see instructions   |                                   |                                  |                           |   | _               |                                   |  |
| 9        | Net capital gain. Enter excess net long-term ca   |                                   | •                                |                           |   | 9               | #05.000                           |  |
| 10       | Statutory minimum   |                                   |                                  |                           |   | 10<br>11        | \$25,000                          |  |
| 11       | Subtract line 10 from line 9  |                                   |                                  |                           |   |                 |                                   |  |
| 12<br>13 | Multiply line 11 by 8.84% (calendar year financial S corporations must use 10.84%)                              |                                   |                                  |                           |   |                 |                                   |  |
| 14       | Multiply line 13 by 8.84% (calendar year financial  |                                   |                                  |                           | H-                                      | 13<br>14        |                                   |  |
| 15       | Tax on certain capital gains. Enter smaller of lin  | •                                 |                                  |                           |   | 15              |                                   |  |
|          | t IV Tax on Built-In Gains. See instructions b  |                                   |                                  | Oldo 17 iiilo 27          |   |                 |                                   |  |
| 16       | Excess of recognized built-in gains over recogn   |                                   |                                  | ia. Attach computation    | schedule                                | 16              |                                   |  |
| 17       | Taxable income. See the instructions for federa   |                                   |                                  |                           |   | 17              |                                   |  |
| 18       |   |                                   |                                  |                           |   |                 |                                   |  |
| 19       |   |                                   |                                  |                           |   |                 |                                   |  |
|          | to the amount allowable for state purposes). Attac  | h the NOL form from t             | he appropriate year. S           | See instructions          |   | 19              |                                   |  |
| 20       | •   |                                   |                                  |                           |   |                 |                                   |  |
| 21       |   |                                   |                                  |                           |   |                 |                                   |  |
|          | CTION B – 1.5% Tax on Capital Gains   |                                   |                                  | 11111 1 1 1/ \ 16         |   |                 |                                   |  |
| Pai      | t I Short Term Capital Gains and Losses -   | - Assets Held One                 | <b>Year or Less</b> . Use a      | additional sheet(s) if n  | ecessary.                               |                 | П                                 |  |
| 1 2      | a Short-term capital gain from form FTB 3805E   | <br>                              | and fodoral Form 00°             |                           | 1                                       | 2a              |                                   |  |
| 2        | b Unused capital loss carryover from 1997 attr  |                                   |                                  |                           |   | <u>2a</u><br>2b |                                   |  |
| 3        | Net short-term capital gain (loss). Combine line  |                                   | •                                |                           |   | 20              |                                   |  |
| ·        | column (d), line 4d or line 6   | •                                 |                                  |                           |   | 3               |                                   |  |
| Pai      | t II Long-Term Capital Gains and Losses –   | - Assets Held More                | Than One Year. Us                | e additional sheet(s) if  | f necessary.                            |                 |                                   |  |
| 4        |   |                                   |                                  |                           | 1                                       |                 |                                   |  |
| 5        | Enter gain from Schedule D-1, line 7 or line 9  |                                   |                                  |                           |   | 5               |                                   |  |
| 6        | Long-term capital gain from form FTB 3805E, li  | ne 26 or line 37 and              | federal Form 8824 .              |                           | [                                       | 6               |                                   |  |
| 7        | Net long-term capital gain (loss). Combine line   | •                                 |                                  |                           |   |                 |                                   |  |
|          | column (d), line 4e or line 6   |                                   |                                  |                           |   | <u>7</u>        |                                   |  |
| 8        | Enter excess of net short-term capital gain (line 3) over net long-term capital loss (line 7)                   |                                   |                                  |                           |   |                 |                                   |  |
| 9        | Net capital gain. Enter excess of net long-term capital gain (line 7) over net short-term capital loss (line 3) |                                   |                                  |                           |   |                 |                                   |  |
| 10       |   |                                   |                                  | •                         |   | 10              |                                   |  |
|          | losses to 1999  |                                   |                                  |                           |   | 10              |                                   |  |

## 1998 S Corporation Dividend Income Deduction

Н

| See instructions for Schedule H. Use and at  | tach additional she                                  | ets if necessary  | <b>'</b> .  |  |  |   |
|--|--|---|---|--|--|---|
| Part I Elimination of Intercompany Divide  | nds (R&TC 25106)                                     |   |   |  |  |   |
| (a) Dividend payer   | (b) Dividend payee                                   | (c) Total amount of dividends received  | (d) Amount that qualifies for 100% elimination  | (e) Amount from<br>column (d) paid<br>out of current<br>year E&P | (f) Amount from<br>column (d) paid<br>out of prior<br>year E&P | (g) Balance<br>column (c)<br>minus<br>column (d)                  |
| 1)   |  |   |   |  |  |   |
| 2)   |  |   |   |  |  |   |
| 3)   |  |   |   |  |  |   |
| 4)   |  |   |   |  |  |   |
| 5)   |  |   |   |  |  |   |
| 6)   |  |   |   |  |  |   |
| 7 Total amounts in each column. Enter amount from on Form 100S, Side 1, line 9       | , , ,  |   |   |  |  |   |
| Part II Deduction For Dividends Paid By A  |  | By California (R  | &TC 24402)  | J  |  |   |
| (a) Dividend payer   | (b) Dividends paid by CA taxpayer (See instructions) | (c) FEIN or<br>California<br>corporation no.<br>of dividend payer                               | (d) Percentage of ownership of dividend payer   | (e) Limitation percentage (See instructions)                     | (f) Percentage<br>of dividends<br>deductible                   | (g) Deductible dividends (b)X(e)X(f)                              |
| 1)   |  |   |   |  |  |   |
| 2)   |  |   |   |  |  |   |
| 3)   |  |   |   |  |  |   |
| 4)   |  |   |   |  |  |   |
| 5)   |  |   |   |  |  |   |
| 6)   |  |   |   |  |  |   |
| 7 Total amount in column (g)   |  |   |   |  |  |   |
| Part III Deduction For Dividends Paid To A   | California Corporat                                  | ion By An Insura  |   | R&TC 24410)  |  |   |
| (a) Dividend payer   | (b) Dividend payee                                   | (c) California<br>corporation no.<br>of dividend<br>payee                                       | (d) Percentage of<br>ownership of<br>dividend payer                                   | (e) Amount of qualified insurance dividends (See instructions)   | (f) Apportionment factors of insurance company                 | (g) Deductible<br>dividends –<br>multiply<br>col. (e) by col. (f) |
| 1)   |  |   |   |  |  |   |
| 2)   |  |   |   |  |  |   |
| 3)   |  |   |   |  |  |   |
| 4)   |  |   |   |  |  |   |
| 5)   |  |   |   |  |  |   |
| 6)   |  |   |   |  |  |   |
| 7 Total amount in column (g)   |  |   |   |  |  |   |
| 8 Add amounts from Part II, column (g) and Par<br>Side 1, line 9                     |  |   |   |  |  |   |
| Part IV Deduction For Foreign Dividends P<br>(Foreign dividends paid by partially in |  |   |   |  |  |   |
| (a) Dividend payer   | (b) Percentage of<br>ownership of<br>dividend payer  | (c) Member of<br>water's-edge<br>combined<br>reporting group<br>dividend was<br>paid to (payee) | (d) Amount of<br>qualified<br>dividends<br>received by<br>payee<br>(See instructions) | (e) Amount from<br>col. (d) paid out<br>of current year<br>E&P   | (f) Amount from<br>col. (d) paid out<br>of prior year<br>E&P   | (g) Deductible<br>dividends –<br>multiply<br>col. (d) by .75      |
| 1)   |  |   |   |  |  |   |
| 2)   |  |   |   |  |  |   |
| 3)   |  |   |   |  |  |   |
| 4)   |  |   |   |  |  |   |
| 5)   |  |   |   |  |  |   |
| 6)   |  |   |   |  |  |   |
| 7 Total amount in column (g). Enter total from Part Side 1, line 10                  |  | m 100S,   |   |  |  |   |
|  |  | ·   | <u> </u>  | <u> </u>   |  |   |